

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____

Case Name: Guardianship of _____

Case Number: _____
(if known)

PETITION AND AFFIDAVIT FOR EXPEDITED HEARING
(RSA 464-A:4, IV)

I/We, _____, under oath, hereby request an expedited hearing under RSA 464-A:4, IV, and hereby depose and say:

In my/our opinion, an expedited hearing for the finding of incapacity and appointment of a guardian of the person and estate, or the person, or estate, is necessary for the following reason(s):

IF THE PETITIONER IS A PHYSICIAN, PLEASE COMPLETE THE FOLLOWING.

1. I am a physician at _____
located at _____
2. I am the physician for _____

Date

Petitioner(s) or Physician Signature

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____

My Commission Expires _____
Affix Seal, if any

Signature of Notarial Officer / Title

ORDER

Request for expedited hearing is: ☐ Granted ☐ Denied

Date

Judge